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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/895,578
		Filing Date	June 29, 2001
		First Named Inventor	Robert J. Royer, Jr.
		Group Art Unit	2185
		Examiner Name	Unknown
Total Number of Pages in This Submission	18	Attorney Docket Number	42390P11447

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Preliminary Amendment (12 pgs); (4) References.</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jae-Hee Choi, Reg. No. 45,288 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 20, 2001

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: November 20, 2001			
Typed or printed name	Maria N. Stusedo		
Signature		Date	November 20, 2001

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<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"><div style="text-align: center;">O I P E NOV 26 2001</div></div> <div style="margin-left: 10px;"><h2 style="margin: 0;">FEE TRANSMITTAL</h2><h3 style="margin: 0;">for FY 2000</h3><small>Patent fees are subject to annual revision.</small></div>		Complete if Known																																																																																																																																																																																																																																																																																																					
1. METHOD OF PAYMENT (check one) <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Deposit Account Number: 02-2666</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP</div> <div style="margin-top: 5px;"><input type="checkbox"/> Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <input checked="" type="checkbox"/> Payment Enclosed: <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Check</div><div><input type="checkbox"/> Credit card</div><div><input type="checkbox"/> Money Order</div><div><input type="checkbox"/> Other</div></div>		<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Application No.</th><td colspan="2">09/895,578</td></tr><tr><th colspan="2">Filing Date</th><td colspan="2">June 29, 2001</td></tr><tr><th colspan="2">First Named Inventor</th><td colspan="2">Robert J. Royer, Jr.</td></tr><tr><th colspan="2">Examiner Name</th><td colspan="2">Unknown</td></tr><tr><th colspan="2">Group/Art Unit</th><td colspan="2">2185</td></tr><tr><th colspan="2">Attorney Docket No.</th><td colspan="2">42390PT1447</td></tr></thead></table>		Application No.		09/895,578		Filing Date		June 29, 2001		First Named Inventor		Robert J. Royer, Jr.		Examiner Name		Unknown		Group/Art Unit		2185		Attorney Docket No.		42390PT1447																																																																																																																																																																																																																																																																													
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3. SUBMITTED BY <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th colspan="2">Name (Print/Type)</th><th colspan="2">Registration No. (Attorney/Agent)</th><th colspan="2">Telephone</th></tr></thead><tbody><tr><td colspan="2">Jae-Hee Choi</td><td colspan="2">45,288</td><td colspan="2">(714) 557-3800</td></tr><tr><td colspan="2">Signature</td><td colspan="2">Date</td><td colspan="2">11/20/01</td></tr></tbody></table>		Name (Print/Type)		Registration No. (Attorney/Agent)		Telephone		Jae-Hee Choi		45,288		(714) 557-3800		Signature		Date		11/20/01		Complete (if applicable) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</div>																																																																																																																																																																																																																																																																																			
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